



1440 Rosecrans Ave.  
Manhattan Beach, CA 90266  
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# COMMERCIAL REAL ESTATE APPLICATION

BORROWER					
LEGAL STATUS:			If "OTHER" please specify:		
NAME OF BORROWER:			NAME OF CONTACT (IF DIFFERENT):		
STREET ADDRESS:		CITY:	STATE:	COUNTY:	ZIP:
TELEPHONE NUMBER:	CELL NUMBER:	FAX NUMBER:	EMAIL ADDRESS:		
SSN OR TAX ID#:					<b>KINECTA BORROWER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVERS LICENSE #:					
GUARANTOR					
LEGAL STATUS:			If "OTHER" please specify:		
			% OF OWNERSHIP:		
NAME:			NAME OF CONTACT (IF DIFFERENT):		
STREET ADDRESS:		CITY:	STATE:	COUNTY:	ZIP:
TELEPHONE NUMBER:	CELL NUMBER:	FAX NUMBER:	EMAIL ADDRESS:		
SSN OR TAX ID#:					<b>KINECTA BORROWER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVERS LICENSE #:					
GUARANTOR					
LEGAL STATUS: Select from list			If "OTHER" please specify:		
			% OF OWNERSHIP:		
NAME OF BORROWER:			NAME OF CONTACT (IF DIFFERENT):		
STREET ADDRESS:		CITY:	STATE:	COUNTY:	ZIP:
TELEPHONE NUMBER:	CELL NUMBER:	FAX NUMBER:	EMAIL ADDRESS:		
SSN OR TAX ID#:					<b>KINECTA BORROWER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVERS LICENSE #:					

GUARANTOR										
LEGAL STATUS: Individual				If "OTHER" please specify: N/A						
				% OF OWNERSHIP:						
NAME OF BORROWER:				NAME OF CONTACT (IF DIFFERENT):						
STREET ADDRESS:			CITY:		STATE:		COUNTY:		ZIP:	
TELEPHONE NUMBER:		CELL NUMBER:		FAX NUMBER:		EMAIL ADDRESS:				
SSN OR TAX ID#:								<b>KINECTA BORROWER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
DRIVERS LICENSE #:										
GUARANTOR										
LEGAL STATUS: Individual				If "OTHER" please specify: N/A						
				% OF OWNERSHIP:						
NAME OF BORROWER:				NAME OF CONTACT (IF DIFFERENT):						
STREET ADDRESS:			CITY:		STATE:		COUNTY:		ZIP:	
HOME PHONE:		WORK PHONE:		CELL NUMBER:		FAX NUMBER:		EMAIL ADDRESS:		
SSN OR TAX ID#:								<b>KINECTA BORROWER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
DRIVERS LICENSE #:										
KEY PRINCIPAL INFORMATION										
NAME:					NAME:					
					Applicant #1		Applicant #2			
<b>1. DO YOU HAVE ANY EXISTING OR PRIOR COMMERCIAL LOANS?</b>  IF YES, HOW MANY EXISTING AND PRIOR LOANS?					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
2. HOW MANY YEARS OF EXPERIENCE DOES (DO) THE KEY PRINCIPAL(S) HAVE IN REAL ESTATE?										
3. HOW MANY COMMERCIAL PROPERTIES DOES (DO) THE KEY PRINCIPAL(S) OWN?										
4. DOES THE BORROWING ENTITY OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS CURRENTLY GUARANTEE A BANK LOAN OR MORTGAGE FOR ANOTHER PERSON OR ENTITY?  IF "YES" PLEASE ATTACH A PAGE AND PROVIDE A DETAILED DESCRIPTION INCLUDING THE DOLLAR AMOUNT, OF EACH OF THESE CONTINGENT LIABILITIES					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
5. ARE THERE ANY MATERIAL LAWSUITS, JUDGMENTS OR LIENS PENDING AGAINST THE PROPERTY, BORROWING ENTITY OR AN ENTITY HAVING AN INTEREST IN THE SUBJECT PROPERTY?					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
6. HAS THE BORROWING ENTITY OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS BEEN INVOLVED IN ANY MATERIAL LAWSUITS OR HAD ANY JUDGMENTS OR LIENS FILED AGAINST THE PROPERTY, BORROWING ENTITY OR AN ENTITY HAVING AN INTEREST IN THE SUBJECT PROPERTY IN THE PAST TEN YEARS?					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
7. HAS THE BORROWING ENTITY OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS FILED FOR BANKRUPTCY, INCLUDING CHAPTER 11?					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
8. HAS THE BORROWING ENTITY OR ANY OF ITS PRINCIPAL OWNERS EVER LOST ANY REAL ESTATE THROUGH FORECLOSURE PRECEDING OR DEEDED PROPERTY TO A LENDER IN LIEU OF FORECLOSURE?					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
9. HAS THE BORROWING ENTITY OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS EVER BEEN CHARGED OR CONVICTED OF A FELONY?					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE ATTACH DETAILS</b>										

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A LOAN TO PURCHASE, REFINANCE, ASSUME, OR IMPROVE A MULTI-FAMILY RESIDENCE OF 5 OR MORE UNITS AND YOU ARE A NATURAL PERSON. DO NOT COMPLETE THIS SECTION IF YOU ARE APPLYING FOR CREDIT IN THE NAME OF A BUSINESS, CORPORATION, TRUST OR PARTNERSHIP.

The following information is requested by the federal government for certain types of loans related to dwelling in order to monitor the lender's compliance with equal opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race." The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

BORROWER		CO-BORROWER	
I do not wish to furnish this information		I do not wish to furnish this information	
<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>RACE:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>RACE:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>ETHNICITY:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>ETHNICITY:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Are you a US citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "no", are you a resident alien?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		If "no", are you a resident alien?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "no", are you a non-resident alien?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		If "no", are you a non-resident alien?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

### REQUIRED SIGNATURES

BY GIVING US A CELL NUMBER NUMBER OR A NUMBER LATER CONVERTED TO A CELL NUMBER, THE UNDERSIGNED AGREE THAT WE, OR PEOPLE AND/OR COMPANIES WE AUTHORIZE TO CONTRACT YOU ON OUR BEHALF, CAN CONTACT THE UNDERSIGNED AT THAT NUMBER, INCLUDING BY AUTO-DIALER, RECORDED OR ARTIFICIAL VOICE, AND/OR A TEXT. THE UNDERSIGNED CERTIFIES THAT ALL STATEMENTS IN THIS APPLICATION AND EACH DOCUMENT REQUIRED TO BE SUBMITTED ARE TRUE, CORRECT AND COMPLETE. THE UNDERSIGNED ACKNOWLEDGES THAT ALL SIGNATURE COPIES AND FAXES CAN BE RELIED UPON BY KINECTA FEDERAL CREDIT UNION AS IT WOULD SUCH ORIGINAL SIGNATURES. THE UNDERSIGNED AUTHORIZES KINECTA FEDERAL CREDIT UNION TO RELY UPON SUCH STATEMENTS, MAKE SUCH INQUIRIES, AND GATHER SUCH INFORMATION AS KINECTA FEDERAL CREDIT UNION DEEMS NECESSARY AND REASONABLE TO VERIFY ANY INFORMATION PROVIDED TO KINECTA FEDERAL CREDIT UNION ON THIS APPLICATION OR ANY SUCH REQUIRED DOCUMENT, INCLUDING INQUIRIES TO THE INTERNAL REVENUE SERVICE, BUSINESS CREDIT REPORTING AND CREDIT BUREAU AGENCIES AND ASSOCIATIONS, AND FURTHER AUTHORIZES KINECTA FEDERAL CREDIT UNION TO EXCHANGE THIS APPLICATION, THIS INFORMATION CONTAINED IN OR SUBMITTED WITH THIS APPLICATION AND ALL BANKING RELATIONSHIP INFORMATION WITH BUSINESS CREDIT REPORTING OR CREDIT BUREAU AGENCIES AND CREDITORS OF THE UNDERSIGNED. THE UNDERSIGNED FURTHER GIVES PERMISSION TO KINECTA FEDERAL CREDIT UNION TO SHARE INFORMATION IN THIS LOAN APPLICATION WITH ANY FEDERAL, STATE, OR OTHER AUTHORITIES AND/OR LENDERS FOR THE PURPOSE OF PROCESSING THIS LOAN APPLICATION AND AUTHORIZES KINECTA FEDERAL CREDIT UNION TO VERIFY MY (OUR) IDENTITY. THE UNDERSIGNED FURTHER AGREES TO NOTIFY KINECTA FEDERAL CREDIT UNION PROMPTLY OF ANY MATERIAL CHANGE IN SUCH INFORMATION. COMMERCIAL USE: THE UNDERSIGNED CERTIFIES THAT ANY PROPERTY AND/OR PROCEEDS FROM THE PROPOSED REQUEST WILL BE USED BY THE APPLICANT FOR COMMERCIAL PURPOSE ONLY AND NOT FOR ANY PERSONAL, FAMILY OR HOUSEHOLD PURPOSES, AND THAT THE PROPOSED REQUEST WOULD CONSTITUTE A BUSINESS LOAN WHICH IS EXEMPTED FROM THE DISCLOSURE REQUIREMENTS OF REGULATION Z - TRUTH IN LENDING ACT. THE APPLICANT AGREES TO INDEMNIFY AND HOLD LENDER HARMLESS FROM ANY AND ALL CLAIMS, LOSS OR DAMAGE RESULTING OR CAUSED BY THIS REQUEST BEING SUBJECT TO ANY OF THE PROVISIONS OF THE FEDERAL CONSUMERS CREDIT PROTECTION ACT (TRUTH-IN-LENDING ACT) AND REGULATION (Z). THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS FULL AUTHORITY TO ACT ON BEHALF OF APPLICANT IN CONNECTION WITH THE ABOVE REFERENCED CREDIT REQUEST. IF THE LOAN DOES NOT CLOSE AFTER LENDER ISSUES A FINAL LOAN APPROVAL, THE BALANCE OF THE GOOD FAITH DEPOSIT MAY BE RETAINED BY THE CREDIT UNION.

<b>Applicant Signature</b>	<b>Title</b>	<b>Date</b>
<b>Co-Applicant Signature (Required)</b>	<b>Date</b>	
<b>Guarantor Signature (Required)</b>	<b>Date</b>	
<b>Guarantor Signature (Required)</b>	<b>Date</b>	
<b>MSC Manager</b>	<b>MSC Number</b>	<b>County</b>

### FOR CREDIT UNION USE ONLY

APPLICATION RECEIVED:

- |   |   |
|---|---|
| <input type="checkbox"/> Monitoring information not completed by <b>Borrower</b>                      | <input type="checkbox"/> Monitoring information not completed by <b>Co-Borrower</b> |
| <input type="checkbox"/> Monitoring information not completed by Credit Union                         | <input type="checkbox"/> Monitoring information not completed by Credit Union       |
| <input type="checkbox"/> Via mail <input type="checkbox"/> Via fax <input type="checkbox"/> Via email |   |

SIGNATURE:	OFFICE NAME:	NUMBER:	DATE:
SALARY \$		AS ENDORSER OR CO-MAKER \$	
NET INVESTMENT INCOME \$		LEGAL CLAIMS & JUDGMENTS \$	
REAL ESTATE INCOME \$		PROVISION FOR FEDERAL INCOME TAX \$	
OTHER INCOME (AS DESCRIBED BELOW) \$		OTHER SPECIAL DEBT \$	

**ALIMONY OR CHILD SUPPORT PAYMENTS MUST BE DISCLOSED IN "OTHER INCOME" UNLESS IT IS NOT DESIRED TO HAVE SUCH PAYMENTS COUNTED TOWARD TOTAL INCOME.**

# MISCELLANEOUS INFORMATION

NAME:		NAME:		
		Applicant #1		Applicant #2
1. HAVE YOU EVER DECLARED BANKRUPTCY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. ARE YOU A PARTY TO ANY LIEN OR LAWSUIT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. HAVE YOU INCURRED A LOSS IN ANY OF THE PAST 3 YEARS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. DO YOU OWE ANY DELINQUENT STATE OR FEDERAL TAXES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. IS THE BORROWER (IF AN ENTITY) FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE OWNERSHIP OF THE BUSINESS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. ARE YOU A US CITIZEN? (IF NOT, PLEASE PROVIDE US WITH THE NUMBER AND A COPY OF YOUR ALIEN REGISTRATION CARD)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. HAS THE BORROWER (IF AN ENTITY) CHANGED NAMES IN THE PAST 5 YEARS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. HAVE YOU RELOCATED FROM ONE COUNTY TO ANOTHER IN THE PAST 5 YEARS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE ATTACH DETAILS				
<p>I authorize Kinecta Federal Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness, including but not limited to credit bureau inquiries, verification of tax returns with the IRS, credit and banking references, etc. I certify that the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.</p> <p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION SHOWN ON THE ABOVE FINANCIAL STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHER THERE HAVE BEEN NO MATERIAL OR ADVERSE CHANGES TO MY FINANCIAL CONDITION SINCE THE DATE INDICATED ON THE STATEMENT.</p> <p>I, THE UNDERSIGNED, FURTHER CERTIFY THAT THE INFORMATION SHOWN ON THE RENT ROLL, OPERATING STATEMENTS, PROPERTY INCOME AND EXPENSE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p>				
SIGNATURE		DATE		SOCIAL SECURITY NUMBER
SIGNATURE		DATE		SOCIAL SECURITY NUMBER